

# Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Shelley Young				Registration Number, if PAC	
Street Address 1914 Tewksbury Road		Employer/Occupation/Labor Organization*		M   D   Y 0   4   2   0   0   5	Amount \$500.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Montford S. Will				Registration Number, if PAC	
Street Address 7712 Charlotte Hull Court		Employer/Occupation/Labor Organization*		M   D   Y 0   4   2   0   0   6	Amount \$500.00
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor David B. Perry				Registration Number, if PAC	
Street Address 6651 Dutch Lane Road		Employer/Occupation/Labor Organization*		M   D   Y 0   4   2   0   0   5	Amount \$500.00
City Johnstown		State OH	Zip Code 43031	Form (Cash, Check, etc.) check	
Full Name of Contributor George N. Simpson				Registration Number, if PAC	
Street Address 605 South Front Street, Suite 200		Employer/Occupation/Labor Organization*		M   D   Y 0   4   2   0   0   5	Amount \$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Richard A. Talbott				Registration Number, if PAC	
Street Address 4236 Shire Cove Road		Employer/Occupation/Labor Organization*		M   D   Y 0   4   2   0   0   5	Amount \$500.00
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert J. Weiler, Jr.				Registration Number, if PAC	
Street Address 41 South High Street, Suite 2200		Employer/Occupation/Labor Organization*		M   D   Y 0   4   2   0   0   5	Amount \$500.00
City Columbus		State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Richard J. Conie				Registration Number, if PAC	
Street Address 3900 Tarrington Lane		Employer/Occupation/Labor Organization*		M   D   Y 0   4   2   0   0   5	Amount \$500.00
City Columbus		State OH	Zip Code 43220	Form (Cash, Check, etc.) check	

\* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$ 3,500.00